

MAY 03 2006



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FACSIMILE NUMBER: 571-273-8300

**CONFIRMATION
TELEPHONE:**

FROM: Paul A. Schwarz, Esq.

DIRECT DIAL: 609.631.2446

DATE: May 3, 2006

FILE : ATTORNEY DOCKET NO.: TSMC2003-13/N1085-170
APPLICATION SERIAL NO. 10/803,448
FILED: 03/18/2004
ART UNIT: 2814

TOTAL # OF PAGES: NINE (9)
(INCLUDING COVERSHEET)

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Applicant(s): Liu, et al.

Docket No.

2003-0013/N1085-170

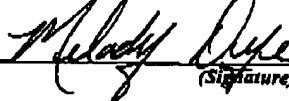
Application No.
10/803,448Filing Date
03/18/2004Examiner
Long PhamGroup Art Unit
2814

Invention: FLASH MEMORY CELL AND METHOD FOR FABRICATING SAME

I hereby certify that this After Final Reply, Petition for Extension of Time and Transmittal Letter
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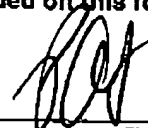
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003/010

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 2003-0013/N1085-170									
Applicant(s): Liu, et al.														
Application No. 10/803,448	Filing Date 03/18/2004	Examiner Long Pham	Customer No. 54657	Group Art Unit 2814	Confirmation No. 5388									
Invention: FLASH MEMORY CELL AND METHOD FOR FABRICATING SAME														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	16	29	0	x \$50.00	\$0.00									
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 04-1679 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 Signature			Dated: May 3, 2006											
Paul A. Schwarz, Esq. Registrar No. 37,577 Duane Morris LLP P.O. Box 5203 Princeton, New Jersey 08543-5203 Telephone: 609-631-2446 Facsimile: 609-631-2401			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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TOTAL CLAIMS	-	=	0	x \$50.00	\$0.00							
INDEP. CLAIMS	-	=	0	x \$200.00	\$0.00							
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00							
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 04-1679 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
 Signature			Dated: May 3, 2006									
Paul A. Schwarz, Esq. Registraton No. 37,577 Duane Morris LLP P.O. Box 5203 Princeton, New Jersey 08543-5203 Telephone: 609-631-2446 Facsimile: 609-631-2401			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage and first class mailing an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage and first class mailing an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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